

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09 915760</div>	FILING DATE <div style="font-size: 1.2em; font-family: cursive;">07-26-01</div>
APPLICANT(S)		

CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52	/					
3		/					53	/					
4		/					54		/				
5		/					55		/				
6		/					56		/				
7		/					57		/				
8		/					58	/					
9		/					59		/				
10		/					60		/				
11		/					61		/				
12		/					62		/				
13		/					63		/				
14		/					64		/				
15		/					65		/				
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17		/					67						
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19		/					69						
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21		/					71						
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31		/					81						
32		/					82						
33		/					83						
34		/					84						
35		/					85						
36		/					86						
37		/					87						
38	/						88						
39		/					89						
40	/						90						
41		/					91						
42		/					92						
43		/					93						
44	/						94						
45	/						95						
46		/					96						
47		/					97						
48	/						98						
49		/					99						
50		/					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	10	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	55	←		←		←
TOTAL CLAIMS		█		█		█	TOTAL CLAIMS	65	█		█		█

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS